

PRIORITY HEALTHCARE

VA Prescription & Enrollment Form

	Physician Information VA Facility: VA Address: Physician Name: Phone: State License #: VA Patient Release of Information signed
Start-up Rx and Titration Orders	Prescription Rx: APOKYN™ (apomorphine hydrochloride injection) 3ml Cartridges Administer doses as directed. □ Initial Prescription = one titration kit includes: • One box of five 3ml cartridges • One APOKYN™ Pen Pak (includes one pen device and six pen needles) • One box of 100 BD Ultra-Fine™ pen needles 29g x 1/2 inch • One 1.5 quart Sharps Container Sig: Use as directed Rx: Trimethobenzamide HCL 300mg Capsules □ Take one capsule by mouth three times daily for nausea. Begin taking three days prior to initial APOKYN™ dose. Oty: 42
Ongoing Rx	□ APOKYN™ (apomorphine hydrochloride injection) 3ml Cartridges ml/dose Estimated number of doses per day: Days supply: □ 30 □ Other: Refills: Do not exceeddoses per day □ BD Ultra-Fine™ pen needles 29g x 1/2 inch Oty: Box of 100 Refills: □ Trimethobenzamide HCL 300mg Capsules Take one capsule by mouth three times daily for nausea. Begin taking three days prior to initial APOKYN™ dose. Oty: 90 Refills:

	FAX #: (888) 704-3603
Step 3: Complete VA Pharmacy information	Pharmacy Contact Person #1: Phone: Phone: Phone:
Complete Patient	Patient Information Patient Name:
	I certify APOKYN™ therapy is necessary for this patient. Today's Date Office Contact: Prescriber's Signature: Signature required. No stamps please.